

DHS-018 Amendment To the Iowa Plan for Behavioral Health Contract

This Amendment to Contract Number MED-09-020 is effective July 1, 2012, between the Iowa Department of Human Services (Department) and Magellan Behavioral Care of Iowa, Inc. (Contractor).

Section 1. Amendment to Contract (No 09-020)

The parties mutually agree to adopt the Department of Human Services (Department) capitation rates for Medicaid members determined by an independent actuary to be actuarially sound. These rates were established pursuant to the calculation performed by Milliman, Inc., with whom the Department contracts to determine actuarially sound capitation rates according to 42 CFR 438.6. The rates found in the table below by category and age range are effective for all enrollments for months of eligibility of July 1, 2012 and forward until changed by contract amendment.

SFY 2013 Iowa Plan Rates

Category/Age Range	Female	Male
FMAP 0 – 17	\$9.71	\$11.11
FMAP 18 – 64	\$31.28	\$23.97
SSI 0 – 17	\$28.57	\$35.96
SSI 18 – 64	\$110.45	\$101.02
Dual Eligibles 0 – 64	\$56.59	\$60.30
Foster Care 0 – 9	\$32.04	\$42.85
Foster Care 10 – 22	\$129.46	\$144.70
Dual Eligibles 65+	\$1.87	\$1.88
Non Dual Eligibles 65+	\$21.84	\$15.60

SFY 2013 BHIS Rates

Category/Age Range	Female	Male
FMAP 0 – 17	\$11.00	\$14.47
FMAP 18 – 64	1.47	1.88
SSI 0 – 17	33.95	44.29
SSI 18 – 64	2.44	1.74
Dual Eligibles 0 – 64	1.50	0.75
Foster Care 0 – 9	43.98	53.19
Foster Care 10 – 22	139.01	219.01
Dual Eligibles 65+	0.01	0.01
Non Dual Eligibles 65+	0.01	0.01

SFY 2013 PMIC Rates

Category/Age Range	Female	Male
FMAP 0 – 17	\$0.40	\$0.30
FMAP 18 – 64	\$0.00	\$0.00
SSI 0 – 17	\$1.15	\$2.08
SSI 18 – 64	\$0.00	\$0.00
Dual Eligibles 0 - 64	\$0.00	\$0.00
Foster Care 0 - 9	\$37.24	\$85.68
Foster Care 10 - 22	\$258.43	\$267.05
Dual Eligibles 65+	\$0.00	\$0.00
Non Dual Eligibles 65+	\$0.00	\$0.00

Section 2. Ratification

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof.

Section 3. Authorization

Each party to this Amendment represents and warrants to the other that:

- 4.1 It has the right, power, and authority to enter into and perform its obligations under this Amendment.
- 4.2 It has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and this Amendment constitutes a legal, valid and binding obligation upon itself in accordance with its terms.

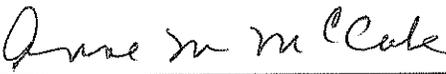
Section 4. Contingency

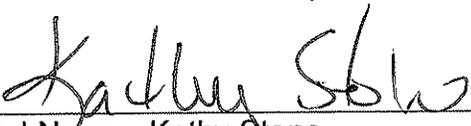
This amendment is subject to and contingent upon CMS approval.

Section 5. Execution

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Signatures:

Contractor, Magellan Behavioral Care of Iowa, Inc.
Signature of Authorized Representative: 
Printed Name: Anne M. McCabe
Title: President, MBC of Iowa
Date: 7-7-12

Iowa Department of Public Health
Signature of Authorized Representative: 
Printed Name: Kathy Stone
Title: Director, Division of Behavioral Health
Date: 2/10/12

Iowa Department of Human Services
Signature of Authorized Representative: 
Printed Name: Charles M. Palmer
Title: Director
Date: 7-16-12